

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914733

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	1		1			
5	1		1			
6	1		1			
7		6		1		
8		0		1		
9		0		1		
10		0		1		
11		1		1		
12		0		1		
13		1		1		
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TOTAL IND.		↓	6	↓		↓
TOTAL DEP.		↓	7	↓		↓
TOTAL CLAIMS			13			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS